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| Rabies Testing Request Form | | Lab # | |
| Utah Public Health Laboratory | | | |
| 4431 S 2700 W Taylorsville, UT 84129 | | | |
| Telephone: (801) 965-2584 Fax: (801) 965-2599 | | Date Stamp: | |
| PLEASE PRINT | | DO NOT ABBREVIATE | |
| 1. PROVIDER/SENDER INFORMATION | | 2. OWNER INFORMATION (or responsible party) | |
| | | Name | |
| Address: No./Street/Apt.# | | Address: No./Street/Apt.# | |
| Provider Code (if unsure, please contact UPHL) | City/Town | City/Town | |
| | Phone Number: () | Phone Number: () | |
| 3. SPECIMEN INFORMATION <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown | | | |
| Species & Breed | Was Animal Quarantined? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many days? _____ <input type="checkbox"/> Died in Quarantine | Cause of Death: <input type="checkbox"/> Natural Date: _____ <input type="checkbox"/> Euthanized | |
| Reason for Rabies Testing: <input type="checkbox"/> Human Exposure <input type="checkbox"/> Pet Exposure <input type="checkbox"/> Acting Sick | Symptoms: _____ _____ _____ | Animal Vaccination History: <input type="checkbox"/> Rabies Vaccinated on (___/___/___) <input type="checkbox"/> Not Rabies Vaccinated <input type="checkbox"/> Unknown | |
| 4. EXPOSURE INFORMATION | | | |
| Person(s) Exposed Exposure Date ____/____/____ | | Animal(s) Exposed Exposure Date ____/____/____ | |
| Name | | Name | |
| Address: No./Street/Apt.# | | Species Age | |
| City/Town State Zip Code | Address: No./Street/Apt.# | | |
| Phone # () | City/Town State Zip Code | | |
| Physician Name | Physician Phone # () | | |
| Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown | Body Site | Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown | Body Site |
| | Severity | | Severity |
| Circumstance of Exposure: <input type="checkbox"/> Capture <input type="checkbox"/> Specimen Prep (Check One) <input type="checkbox"/> Handling <input type="checkbox"/> Other <input type="checkbox"/> Provoked Attack <input type="checkbox"/> Unprovoked Attack | | Circumstance of Exposure: <input type="checkbox"/> Fight (Check One) <input type="checkbox"/> Vicinity <input type="checkbox"/> Dead Animal Contact <input type="checkbox"/> Other _____ | |
| Heads must be removed from any animals larger than a gopher. DO NOT send live animals with the exception of bats. (Container must be labeled "Live Bat"). Heads must be wrapped in newspaper, then placed in plastic bag. If shipping is necessary, please put plastic bag containing head in a leakproof container packed on wet ice. DO NOT send by U.S. Mail except by special delivery. Samples that do not meet the guidelines set forth by the National Compendium of Animal Rabies (http://www.cdc.gov/mmwr/pdf/rr/rr6006.pdf) or with incomplete paperwork may be subjected to a \$95 fee. | | | |
| 5. RABIES DIRECT FLUORESCENT ANTIBODY TEST RESULTS LaI | | Reported By: _____ Date ____/____/____ | |
| <input type="checkbox"/> Positive (Rabid) <input type="checkbox"/> Negative (Not Rabid) <input type="checkbox"/> Specimen Unsatisfactory | | | |
| Comments _____ | | | |